

**FOUR BEARS COMMUNITY BOARD**  
**APPLICATION FOR ASSISTANCE**



FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEGMENT RESIDING: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU ENROLLED WITH THREE AFFILIATED TRIBES? YES  NO

IF YES, ENROLLMENT NUMBER: \_\_\_\_\_

TYPE OF ASSISTANCE: \_\_\_MEDICAL \_\_\_OTHER

Please provide a brief statement for the reason for your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you asked other Programs for assistance? **YES OR NO**

\_\_\_Chairman’s Office \_\_\_Grants & Donations \_\_\_FB Segment Office \_\_\_Other  
\_\_\_Veteran’s Office

Community Board Approval (Y/N)?: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_